

Response
In re: Hays et al.
Serial No. 09/782,685
Filed: February 13, 2001

REMARKS

As an initial matter, Applicant sincerely appreciates the assistance and advice provided by Examiner Tran during the personal interview of March 18, 2008. Applicant has amended the claims above and presented remarks below which are consistent with the discussions at the interview.

Claims 1-20 are pending in the application.

The independent claims have been amended to recite that the collection kiosks are located at publicly accessible locations and have measurement devices for allowing the registered users to measure their own medical information at the collection kiosks. These amendments are supported throughout the original disclosure, including at, for example, page 5, lines 3-15, and page 3, lines 5-6. Independent claims 1 and 6 have been amended to delete the recitation that the user information is medical information, and to instead recite that the collection kiosks have measurement devices for allowing registered users to measure their own medical information. As evident from claims 5 and 18 which depend from claims 1 and 6, respectively, the “user information” as recited in independent claims 1 and 6 may be a user identifier and password.

Claims 14, 16 and 19 recite that the storing of updated user information provides the collection kiosk with a current local list of all registered users. This amendment is supported at, for example, page 4, line 15 to page 5, line 2. The subject matter of new claims 15, 17, and 20 is supported in the original disclosure at, for example, page 5, lines 8-9.

The specification was originally amended on November 22, 2004 to copy the express language of the claims at that time into the summary of the invention. Because the language

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of the independent claims has been amended since that time, Applicant has updated the summary of the invention to insert language more closely conforming to the active claims as amended herein.

Applicant respectfully requests approval and entry of the above amendments to the claims and specification.

Claims 7-9 have been rejected under 35 U.S.C. § 102(b) as being anticipated by Warner et al., MED WIDE WEB, The Webification of Medicine: Interventional Informatics Through the WWW (January 1997). Claims 1, 3-6, and 10-13 have been rejected under 35 U.S.C. § 103(a) as being obvious over Warner in view of U.S. Patent No. 7,287,031 to Karpf et al. These rejections are respectfully traversed.

As discussed during the personal interview, Warner discloses a medical expert system designed for a “Distributive and Collaboratory Environment” to facilitate communication and collaboration between physicians. The system provides “a networked collection/aggregate of expert knowledge and skill resources” by connecting doctors together to share information in the treatment of a common patient. Warner provides an example to illustrate the intended operation of his proposed design. In the example, a fictitious patient who is a farmer experiences cardiac arrest while plowing his fields. Emergency personnel at a small rural clinic respond to the emergency by setting up a care portal and alerting the patient’s primary care physician of the event. From a docking station the primary care physician is able to initiate a collaborative session to facilitate treatment of the patient. Specialists such as a cardiologist and hematologist are joined in the session from their docking stations. Through collaboration and cooperation between the primary care physician and specialists, the emergency personnel are provided with collaborated instructions for treating the patient.

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Warner is principally designed to collect information within the confines of a medical facility/environment and to share its collected information with medical personnel. This type of system is discussed in the Background section of the patent application:

It is relatively easy for a medical service provider to collect and monitor medical information when the patient is at a medical facility (e.g., hospital) and possible for a patient to collect certain types of medical information while not at a medical facility. It has, however, been difficult for medical service providers and their patients to monitor medical information collected by the patients outside of a medical facility.

See specification, page 2, lines 22-27.

In stark contrast to Warner, the present invention provides systems and methods for engaging the end users, e.g., patients, outside of the confines of a medical facility. More specifically, the end users are able to collect their medical information using collection kiosks. The present invention in this regard overcomes the data collection problems of conventional systems such as Warner, in which medical information is collected only when the patient visits his doctor or experiences a medical emergency. The end user of the present invention can collect his or her own medical information in a publicly accessible location, such as, for example, when visiting a local pharmacy or picking up groceries.

Additionally, the methods and systems of the present invention are designed to provide the end user with accessibility to the collected medical information for monitoring purposes. Unlike the physician-run design of Warner, the present invention is designed to be accessed not solely by the treating physicians and other specialists, but by the end users in a convenient and efficient manner. An end user is thereby able to track, for example, progress in lowering his or her blood pressure without repeatedly visiting or consulting with a physician.

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The above-discussed collecting and monitoring features of exemplary embodiments of the invention are particularly advantageous in today's society in which our medical facilities and doctors are already burdened by congested case loads and stressed by excessive demands. Warner's need for a physician consultation to collect or monitor medical information is largely circumvented, freeing up the physician's time and resources. Moreover, the end user benefits immensely by avoiding the inconvenience of and time commitment required for a doctor's visit. The greater convenience of the system and methods to the end users enhances the likelihood that the end users will routinely collect medical information at the collection kiosk and will monitor the medical information.

Applicant respectfully submits that Karpf does not overcome the above-discussed deficiencies of Warner. The "key" to Karpf's system is the creation of a treatment instruction database that medical personnel may enter instructions into and end users may review and follow. (Column 2, lines 38-40) Karpf does not disclose or reasonably suggest the use of collection kiosks. Karpf also does not disclose or reasonably suggest providing a medical measurement device for allowing the end user to enter in his or her own medical information.

Further, Applicant respectfully submits that a person of ordinary skill in the art would not have been motivated to combine Warner with Karpf. Warner is principally designed to collect information within the confines of a medical facility/environment and to share its collected information with medical personnel in a collaborative effort between physicians. Karpf, on the other hand, is provided not for physician collaboration but for increasing a patient's compliance with post-care treatment instructions.

With respect to claims 14, 16 and 19, Karpf does not disclose a system in which a central computer provides a collection kiosk with sufficient information to allow the

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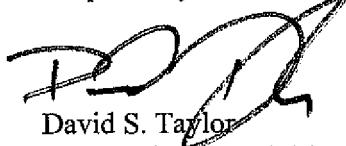
collection kiosk to compile a list of all registered users. Rather, Karpf merely teaches a remote computer checking in with the central computer to determine whether a specific user is registered.

With respect to claims 15, 17, and 20, Karpf does not disclose locating kiosks in drugstores and/or pharmacies.

For these reasons, Applicant respectfully requests withdrawal of the Section 102 and 103 rejections.

In view of the foregoing remarks, the present application is now believed to be in condition for allowance. The Examiner is asked to consider this response and pass the application to allowance. Should the Examiner have any questions, he is requested to contact the undersigned.

Respectfully submitted,



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